

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

413

FEB 25 1941

1003

Registrar's No.

413

Registration District No. 7911

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess 0-
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

JOHN-WALTER-STOUT

3. (b) If veteran, name war

no

3. (c) Social Security No.

no

4. Sex

Male

5. Color or race

W

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased

January 9, 1941
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

St. Louis
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation

none

11. Industry or business

none

12. Name

Carl Stout

13. Birthplace

St. Louis
(City, town, or county)

Mo
(State or foreign country)

14. Maiden name

Myrtle Summerhorne

15. Birthplace

Columbia
(City, town, or county)

Ill
(State or foreign country)

16. (a) Informant

Carl Stout

(b) Address

Columbia Ill

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Jan 11, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

St Paul's Evangelical

18. (a) Signature of funeral director

Josephine F. Chene

(b) Address

301 N. Second St. Columbia Ill

19. (a) JAN 15 1941

(Data received local registrar)

(b)

J. F. Bredebeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Ill (b) County St. Louis
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 402 Main
(If rural, give location) Deaconess Hospital
(e) If foreign born, how long in U. S. A. 20 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan 9
1941, to Jan 10 1941
that I last saw him alive on Jan 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Hemorrhagic Disease of the New Born

Due to

Hypoglycaemia

Due to

Congenital

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations. None

Of autopsy.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

23. Signature

W. H. Dorsett (M. D. or other)
Address 634 N. Grand Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision. _____ Registered Apprentice No. _____

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.